

SPORT MANAGEMENT INTERNSHIP PROGRAM
REQUEST FOR APPROVAL

Please Type all Information:

Prospective Intern: _____ Phone: _____

Current Address: _____ ID#: _____

_____ email: _____

Term of Proposed Internship: Fall Spring Summer 20____

Dates: ____/____/____ to ____/____/____ Credits: _____

Organization Supervisor: _____ Title: _____

Organization Name: _____

Organization Address: _____

Phone : (____) _____

This form must be attached to both the Internship Planning Guide and the Goal Statement that are specific to this internship.

Approval is contingent on a 2.5 cumulative G.P.A. and completion of all course work, including SPMGT 490, (or a petition for exception has been submitted and approved).

Date Submitted: _____

Signed: _____ Date: _____

WSU INTERNSHIP SUPERVISOR